



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/21/08 to 08/05/08

1. Committee I.D. Number

**138080**

2. Committee Name

**The Committee to Elect Alisha M Baker**

5. Committee's Mailing Address

**75 Scott Boulevard  
Mount Clemens, MI 48043**

Area Code and Phone (586) 557-8999

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

4. Candidate Last Name

**Baker**

First Name

**Alisha**

M.I.

**M**

4a. Office Sought Including District # or Community Served (if applicable)

**Macomb County Charter Commissioner, District 17**

4b. County of Residence **Macomb**

6. Treasurer's Name & Residential Address

**Michele T Rager  
26843 LaSalle  
Roseville, MI 48066**

Area Code & Phone (586) 445-0908

7. Treasurer's Business Address

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

**Madeline Turner  
17183 Merryweather  
Clinton Township, MI 48038**

Area Code and Phone (586) 263-4954

**9. TYPE OF STATEMENT**

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

08/05/08

9c. ☐ Annual Statement (\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Michele T Rager *Michele T Rager* Date 10/06/08

Type or Print Name

Signature

Candidate Alisha M Baker

Type or Print Name

Signature

Date 10/06/08



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 138080

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name The Committee to Elect Alisha M Baker

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$1,900.00</u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$1,900.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 8)	(7.) \$ <u>\$706.95</u>	(22.) \$ <u>\$1,185.39</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,086.10</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$1,086.10</u>	(23.) \$ <u>\$1,900.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$1,185.39</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$1,086.10</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
	(15.) = \$ <u>\$1,086.10</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,086.10</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$0.00</u>	



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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number **138080**  
2. Committee Name **The Committee to Elect Alisha M Baker**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> <b>Name USPS</b>  <b>Address</b> <b>Mount Clemens Post Office</b> <b>Mount Clemens, MI 48043</b>  <input type="checkbox"/> Fund Raiser	<b>Purpose: Postage</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/30/08</b> Date	<b>\$ 888.16</b>  Click Here for Memo Itemization Type
<b>Expenditure #2</b> <b>Name American Graphics Printing</b>  <b>Address</b> <b>34895 Groesbeck Hwy.</b> <b>Clinton Township, MI 48035</b>  <input type="checkbox"/> Fund Raiser	<b>Purpose: Printing</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>08/10/08</b> Date	<b>\$ 197.94</b>  Click Here for Memo Itemization Type
<b>Expenditure #3</b> <b>Name</b>  <b>Address</b>  <input type="checkbox"/> Fund Raiser	<b>Purpose:</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>Date</b> Date	<b>\$</b>  Click Here for Memo Itemization Type
<b>Expenditure #4</b> <b>Name</b>  <b>Address</b>  <input type="checkbox"/> Fund Raiser	<b>Purpose:</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>Date</b> Date	<b>\$</b>  Click Here for Memo Itemization Type
<b>Expenditure #5</b> <b>Name</b>  <b>Address</b>  <input type="checkbox"/> Fund Raiser	<b>Purpose:</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>Date</b> Date	<b>\$</b>  Click Here for Memo Itemization Type

Subtotal this page **\$1,086.10**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$1,086.10**

Enter this total  
on line 8a of  
Summary Page



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## ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 138080

## CANDIDATE COMMITTEE

2. Committee Name The Committee to Elect Alisha M Baker

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>Alisha M Baker</b> <b>75 Scott Blvd</b> <b>Mount Clemens, MI 48043</b> If over \$100.00 cumulative, please provide: Occupation: <b>Customer Service Manager</b> Employer Name & Business Address: <b>DuPont</b> <b>400 N Groesbeck Hwy</b> <b>Mount Clemens, MI 48043</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Mailing Labels</u> 5. Date Of Receipt: <u>08/10/08</u> 6. Vendor Name & Address: <b>Practical Political Consulting</b> <b>PO Box 6249</b> <b>220 Albert St</b> <b>East Lansing, MI 48823</b>	\$ 195.72	\$ 195.72
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>Alisha M Baker</b> <b>75 Scott Blvd</b> <b>Mount Clemens, MI 48043</b> If over \$100.00 cumulative, please provide: Occupation: <b>Customer Service Manager</b> Employer Name & Address: <b>DuPont</b> <b>400 N Groesbeck Hwy</b> <b>Mount Clemens, MI 48043</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Political Mailer Printing</u> 5. Date Of Receipt: <u>08/31/08</u> 6. Vendor Name & Address:	\$ 511.23	\$ 511.23
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____

Page Subtotal

\$706.95

\$706.95

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

\$706.95

Enter this total  
on line 6 of Summary  
Page



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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138080  
2. Committee Name The Committee to Elect Alisha M Baker

This Schedule itemizes:				
a. <input type="checkbox"/> Debts and obligations owed by or forgiven the committee OR b. <input checked="" type="checkbox"/> Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 8 minus Item 9)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Alisha M Baker</b> <b>75 Scott Boulevard</b> <b>Mount Clemens, MI 48043</b>	4. Type: <u>In Kind</u> 5. <u>Date Debt Was Incurred:</u> <u>08/10/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 195.72</u>	\$ \$ \$ \$ \$	\$	\$ <u>195.72</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Alisha M Baker</b> <b>75 Scott Boulevard</b> <b>Mount Clemens, MI 48043</b>	4. Type: <u>In Kind</u> 5. <u>Date Debt Was Incurred:</u> <u>08/31/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 511.23</u>	\$ \$ \$ \$ \$	\$	\$ <u>511.23</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				<b>\$706.95</b>
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				<b>\$706.95</b>

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page